

12 CV 7130

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Tasheba Harden

(In the space above enter the full name(s) of the plaintiff(s).)

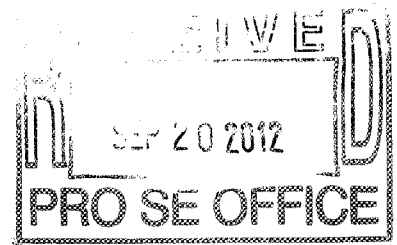
COMPLAINT

-against-

Continuum Health Partners Inc.

William LaDue

Jury Trial: ☒ Yes ☐ No
(check one)



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Tasheba Harden
Street Address 1470 Amsterdam Ave #3C
County, City New York, NY
State & Zip Code NY 10027
Telephone Number (347) 405-4677

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Continuum Health Partners, Inc.
 Street Address 555 W. 57 St
 County, City Ny Ny
 State & Zip Code Ny 10019
 Telephone Number _____

Defendant No. 2 Name William LaDue
 Street Address 515 W. 59 St 2nd Floor
 County, City Ny, Ny
 State & Zip Code Ny 10019
 Telephone Number _____

Defendant No. 3 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

Defendant No. 4 Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____
 Telephone Number _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions

☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? Fmla issue

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? During work hours at Continuum's Accounts Payable department.

B. What date and approximate time did the events giving rise to your claim(s) occur? 9/21/10 around 11:30 am

C. Facts: I was fired in retaliation of an FMLA claim that I filed on 8/29/10.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

The Director of Accounts Payable William LaDue refused to assign my FMLA claim and Continuum Health Partners failed to acknowledge my approved FMLA papers, which was signed by Jackie Rosado to process claim.

William LaDue and Continuum Health Partners failed to accommodate provide me with an FMLA accommodation even though my claim was approved. Therefore, since accommodation were not granted, I was fired in return.

Jackie Rosado (Asst Director of AP) advised me that William would not sign FMLA papers, which is why she signed papers. She also advised me that he wanted to fire me and he had already written my termination letter a week prior to

IV. Injuries: me being fired.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

No.

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. _____

I am seeking to open Continuum's eyes, so that they are aware of how department is being ~~run~~ runned. How I was ~~was~~ wrongfully terminated with approval papers.

I am seeking one years salary due to my financial hardships from termination and lack of finding employment.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this ^{4th} 20 day of September, 2012.

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)


1470 Amsterdam Ave
Apt 3C
NY NY 10027
(347) 405-4677

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____

Inmate Number _____

③



Liberty Life Assurance of Boston
Leave Service Department
P.O. Box 8700
Dover, NH 03821-8700

9/3/2010

TASHEEA HARDEN
654 EAST 227TH STREET APT 22
APT 22
BROOKLYN, NY 10466-0000

RE: Continuum Health Services Intermittent Leave Acknowledgment
LEAVE ID#: 2867007

Dear Ms. HARDEN,

We received your request for leave due to care of a family member included in the Family & Medical Leave Act (FMLA) on 9/3/2010. You have indicated that your FMLA leave will begin on 9/13/2010, and end on 9/12/2011.

You are eligible for leave under the FMLA leave program.

Our records show, as of the date of this letter, prior to your leave begin date, you have a right under the Family & Medical Leave Act for up to 420.00 hours of unpaid leave in a rolling backward, 365 day period for your leave. Also, your health benefits must be maintained during any period of unpaid leave under the same conditions as if you continued to work and you must be reinstated to the same or an equivalent job with the same pay, benefits, term, and conditions of employment on your return from leave.

Enclosed you will find a copy of your Rights under the Family & Medical Leave Act.

Enclosed is a Medical Certification form to be completed by the Health Care Provider and returned to our office within 15 calendar days from the date of this letter. You or your Health Care Provider may fax this form to the number below, or use the return envelope if provided with this letter. Failure to provide the required documentation within 30 days from the date of this letter may result in your FMLA leave being denied. You may fax this information to us at (800) 694-6312, or mail to us at the address listed above.

Liberty will update you on your status throughout the course of your FMLA leave request. Please follow all instructions to ensure timely administration of your FMLA leave.

You will be required to furnish recertification relating to a serious health condition if you have continued need for leave at the end of the approved leave period. Recertification would be required (1) if the circumstances surrounding your leave have changed or (2) at the end duration date of your current medical certification form. The maximum time allowed before recertification is required would be 365 days during an approved open leave. Please follow all instructions when you receive the request for medical recertification to ensure timely administration of your FMLA leave.

Information regarding health insurance and other benefit continuation while on FMLA leave will need to be discussed with your employer.

pl # 6
(2 pgs)
4/6/11
Accepted
J.E.

**Continuum
Services****Continuum Health Partners
Accounts Payable**515 West 59th Street, 2nd Floor
New York, NY 10019

www.WeHealNewYork.org

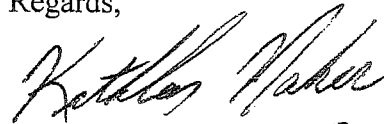
September 27, 2010

Ms. Tasheba Harden
654 East 27th Street – Apt. 22
Bronx, N.Y. 10466**RE: Termination Letter**

Dear Ms. Harden,

This letter is to confirm that your employment ended with Continuum Health Partners, Inc. on Tuesday, September 21, 2010.

Regards,

Kathleen M. Maher
Human Resources

Cc: File

Continuum Health Partners, Inc.**Beth Israel**University Hospital and
Manhattan Campus for
the Albert Einstein College
of Medicine**Roosevelt
Hospital**University Hospital of
Columbia University College
of Physicians & Surgeons**St. Luke's
Hospital**University Hospital of
Columbia University College
of Physicians & Surgeons**Long Island
College Hospital**Primary Clinical Teaching
Affiliate of SUNY—
Health Science Center
at Brooklyn**NY Eye & Ear
Infirmary**Affiliated Teaching
Hospital of New York
Medical College